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COMMUNITY
MENTAL HEALTH
COUNCIL



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*Member:
National Council for Community
Behavioral Healthcare*

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ANN E. CHRISTIAN
CHIEF EXECUTIVE OFFICER

December 19, 2014

Jim Keogh – Rules Coordinator
Washington Office of the Insurance Commissioner
PO Box 40255
Olympia, Washington 98504-0255

Re: Prior Authorization of Pharmacy Benefits (R 2014-13)

Dear Mr. Keogh:

I am writing on behalf of the Washington Community Mental Health Council to provide comment regarding OneHealthPort's Workgroup recommendations on pre-authorization of pharmacy benefits. The Council is the statewide association of licensed community mental health agencies (CMHAs) that provide a full range of outpatient, evaluation and treatment, and residential and inpatient mental health treatment. Most are also dually licensed by the state to provide outpatient substance use disorder treatment.

First, we suggest that the Best Practice recommended inclusion medication list for emergency fills contain more specificity with respect to medications for mental health conditions. It is important to be explicit about major categories of mental health medications because any abrupt break in these medications can have serious physical and psychiatric symptoms leading to a health emergency. For example, anxiolytics can cause seizures and anti-depressants can cause flu-like symptoms, nausea, or suicidal thoughts if a patient stops taking them suddenly. Accordingly, we recommend that the Best Practice list for emergency fills explicitly list the four major categories of medications for mental health conditions, including anti-psychotics, mood stabilizers, anti-depressants, and anxiolytics. This change would be consistent with the level of specificity provided for other disease conditions. We also recommend that any WAC changes to emergency fills reflect this list of medications as well.

Second, we want to express concern with the Best Practice for electronic prescribing, which requires prescribers to use an e-prescribing application or Electronic Health Record (EHR) application. While we completely support the intent to streamline the communication process between prescribers, pharmacies, and health plans, it is important to recognize that mental health providers and treatment settings have not been broadly included in the meaningful use incentive program and its associated financial support, making this best practice difficult to achieve for some mental health providers. We would recommend some allowance within the WACs for a more incremental approach to the EHR expectations for these providers.

Thank you for allowing us the opportunity to comment on the Workgroup's recommendations. If you have any questions, please do not hesitate to contact me at 206-628-4608, ext. 13 or at jmiller@wcmhcnet.org.

Sincerely,

Joan Miller, J.D.
Policy Analyst

cc: Richard D. Rubin, President & CEO, OneHealthPort